

NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President and CEO



WHAT WE DO

NYC Health + Hospitals (the System), the largest municipal health system in the country, includes eleven acute care locations, five post-acute care (skilled nursing) facilities, and over 50 patient care locations of community and school-based health centers (Gotham Health). The System provides comprehensive health care services including preventive and primary care, behavioral health, substance use disorder, trauma care, high-risk neonatal and obstetric care, and burn care. The System's acute care hospitals serve as major teaching hospitals. In addition, the System includes: a managed care plan called MetroPlus; an Accountable Care Organization that provides Medicare beneficiaries with coordinated care and chronic disease management; a Certified Home Health Agency; a Health Home; and Correctional Health Services (CHS), serving patients on Rikers Island. Approximately 70 percent of NYC Health + Hospital's patients are on Medicaid or are uninsured, and the system collectively serves approximately one million New Yorkers across the five boroughs each year. As New York City transitions out of the emergency phase of the COVID-19 pandemic, NYC Health + Hospitals has preserved comprehensive COVID-19 services inside its hospitals and ambulatory care centers to ensure seamless continuity of care for all New Yorkers.

FOCUS ON EQUITY

NYC Health + Hospitals' mission is to deliver high quality health care services to all New Yorkers with compassion, dignity, and respect, regardless of income, gender identity, or immigration status. In keeping with its mission, NYC Health + Hospitals provides high quality, accessible care to diverse communities, including historically marginalized populations, without exception. More than 70 percent of patients identify as either Black/African American, Hispanic/Latinx, or Asian American Pacific Islander, and an estimated 30 percent of patients are limited English proficient. The System serves marginalized groups who are more likely to experience poverty and face a disproportionate amount of harmful daily stressors and barriers, which contribute to and exacerbate chronic disease and health equity challenges. Over 70 percent of NYC Health + Hospitals patients either rely on Medicaid or have no insurance.

The System works to advance health equity by creating models of care that remove barriers for special populations. For instance, the NYC Care Program ensures that New Yorkers who cannot access insurance are being connected with affordable, high quality primary, preventive, and specialty care, regardless of their ability to pay. This access has become even more important, because of the impact the COVID-19 pandemic has had on lower-income New Yorkers with chronic health needs. This year, NYC Care released key findings from a study demonstrating the program's success in connecting new NYC Care members to primary and specialty care. The study showed new members engaged in primary and specialty care at similar or higher rates than Medicaid enrollees new to primary care. Importantly, that pattern remained true for new NYC Care members who had two or more chronic diseases or spoke English as a second language (ESL). In addition, the System's Street Health Outreach + Wellness (SHOW) program continued to address the needs of diverse populations, with a focus on people experiencing homelessness, by deploying mobile health units across NYC to reach underserved individuals. SHOW provides care without pre-scheduled appointments or cost, connecting thousands to essential services like COVID-19 testing, vaccinations, primary care, mental health resources, and more. NYC Health + Hospitals also continues to expand MetroPlus membership, offering low to no-cost health insurance options to eligible people living within the five boroughs of New York City who otherwise would not be able to attain insurance.

The System's CHS division provides a full spectrum of high-quality health care to people incarcerated in NYC with dignity and respect. CHS' mission is to diagnose and treat individuals while they are in its care while in custody and to provide support from the first to the last day of incarceration, which will help patients successfully reenter their communities.

Finally, to further address equity, an advisory group called the Equity and Access Council, supports the system's Office of Diversity and Inclusion, and develops efforts that promote equity among both staff and patients. This Council optimizes the delivery of care and health outcomes for diverse patient populations, with its primary focus to advance racial and social justice to eliminate barriers, promote institutional and structural equities, identify, and reduce health disparities, and continuously improve the health of vulnerable communities. NYC Health + Hospitals also acknowledges the importance of a diverse workforce and thus established the Medical Opportunities for Students and Aspiring Inclusive Clinicians (MOSAIC) to encourage under-represented groups to join the medical workforce. NYC Health + Hospitals continues to develop recruitment and retention programs to attract staff who reflect the communities it serves.

OUR SERVICES AND GOALS

SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.

Goal 1a Expand access to care.

Goal 1b Enhance the sustainability of the Health + Hospitals system.

Goal 1c Maximize quality of care and patient satisfaction.

HOW WE PERFORMED IN FISCAL 2023

SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.

Goal 1a Expand access to care.

Throughout Fiscal 2023, the System continued efforts to increase access to health care services following three years of responding to the needs brought about by the COVID-19 pandemic. Enrollment in NYC Care increased 5.4 percent from 113,178 patients in Fiscal 2022 to 119,234 in Fiscal 2023. Potential causes include growing confidence in the program, new arrivals to New York City, and increased enrollment capacity. The program is entering its fifth year and continues to surpass the original enrollment goal—100,000 members, and is up 324 percent from its first year. The System continues to partner with 22 community-based organizations (CBOs) in all five boroughs, as well as GetCoveredNYC and the Mayor’s Public Engagement Unit, to spread the word about opportunities for insurance enrollment for those who qualify, and for NYC Care for those who cannot access insurance. The System will continue working collaboratively with stakeholders across the City to continue achieving health equity for all New Yorkers.

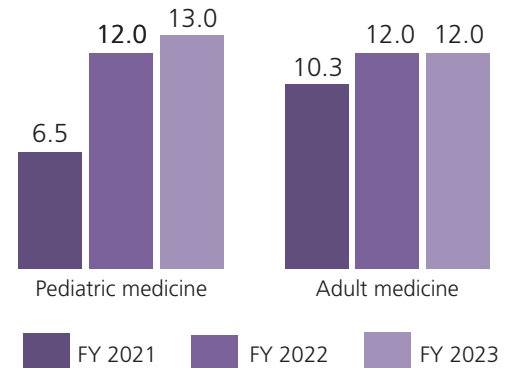
Primary care remains the first point of contact for all health care needs, and having a primary care doctor continues to be the key to a person’s overall sense of health. That is why unique primary care patient volume remains a key priority within the System. The System successfully increased the number of unique primary care patients by 3.2 percent in Fiscal 2023 with an increase from 413,908 unique primary care patients in Fiscal 2022 to 427,337 in Fiscal 2023. More broadly, the total number of unique patients entering the System increased 8.5 percent from 1,110,039 to 1,204,174 in Fiscal 2023. The number of uninsured patients served decreased from 391,810 in Fiscal 2022 to 219,943 in Fiscal 2023. The significant difference in the reported number is entirely driven by a change in methodology to improve the accuracy of this metric, outlined in more detail in the noteworthy section below.

As patients returned to visiting System clinics in-person, the number of telehealth visits decreased 11.1 percent in Fiscal 2023, from 684,066 in Fiscal 2022 to 608,204. Continuing the trend of the last two fiscal years, the System expects the number of telehealth visits to continue to decrease as patients continue to go directly to clinics for face-to-face care, though the System will continue to offer telehealth as an option for those who need it. The System remains committed to telehealth as a supportive treatment modality.

The number of completed eConsults increased 5.5 percent, from 404,406 in Fiscal 2022 to 426,532 in Fiscal 2023. This indicator is a testament to the System’s ongoing commitment to expand access to specialty services. Through eConsults, primary care providers and specialists can co-manage patient’s health conditions which aids in increasing the quality of the in-person visits that may result from an eConsult or by eliminating unnecessary in-person specialty care visits.

The number of calendar days to third next available new appointment (TNAA-New) is a measure of access and availability for patients to utilize the System’s services. The number of calendar days to TNAA-New in Fiscal 2023 remained at 12 days for adult medicine and increased by one day to 13 days for pediatric medicine. While that metric increased slightly, the System is overall still below its goal of 14 days for any new patient. Moreover, TNAA-New is sometimes an imperfect measure, in that the System is also working to improve access through offering same-day new patient appointments and ensuring access for patients that are already part of the System; for those appointments, the TNAA-New metric would not apply. For all patients, the System is working to ensure continued and rapid access through measures like improving template build, which improves timely access to appointments, and contact center scripting, which provides patients with scheduling options by including alternative locations, dates, and times.

Calendar days to third next available new appointment



The percentage of patients enrolled in care in the first trimester of their pregnancy decreased from 55 percent in Fiscal 2022 to 54.8 percent in Fiscal 2023. An explanation for the slight decrease may be that the System saw an increase in the total number of registered pregnant patients, corresponding to an increased number of deliveries, coupled with an increase in those registering late in the third trimester, contributing to the proportionate decrease. The increase in those accessing care in the third trimester is due in part because the System saw an increase in the number of asylum seekers seeking prenatal care in the second half of Fiscal 2023. Likewise, some members of the immigrant community may arrive to the System late in their third trimester, having had prenatal care in their home country rather than with the System. The System continues to focus efforts to improve access for early referral of newly pregnant patients by addressing template scheduling to enable timely access for pregnant patients, while allowing for patient flexibility, accommodating all prenatal patients irrespective of gestational age.

The System's HIV Clinics continue to advance best practices to support patient engagement in HIV care. Retention is one of the key quality indicators tracked and is updated monthly. The percentage of HIV patients retained in care increased from 82 percent in Fiscal 2022 to 85 percent in Fiscal 2023. The System additionally prioritizes identifying individuals living with HIV that need additional support, allowing for improved outreach and engagement efforts and better connection to services and resources for our patients. The System will continue its practice of immediately linking patients to continuous, team-based, and coordinated quality care when they learn they are infected with HIV.

Following prior years' trend, eligible women receiving mammogram screening continued to increase in the System. The number increased from 72.7 percent in Fiscal 2022 to 78.3 percent in Fiscal 2023, its highest level since tracking began in 2010. The increase is due in part to patients' growing comfort in returning to clinics in-person. The goal moving forward is to maintain access, as more women come back to in-person visits for their mammogram screenings. The number of follow-up appointments kept within 30 days after behavioral health treatment has improved from 48.1 percent in Fiscal 2022 to 55.6 percent in Fiscal 2023. The Office of Behavioral Health continues to work with all sites, with a key focus on ongoing training for new and existing staff about the appropriate workflow to fully document these follow-up appointments in the electronic health record and engage patients on them.

The total correctional health clinical encounters per 100 average daily population was 12,020 in Fiscal 2023, similar to the 12,170 observed over the previous fiscal year which reflects the underlying patient population. As the delivery of health services requires the Department of Corrections to escort patients to clinic visits and to maintain safe and secure conditions in all clinical areas for the provision of health care, disruptions in the jails can adversely affect Correctional Health Services providers' ability to meet with patients with substance use diagnoses.

The Mental Health Service Corps (MHSC) at NYC Health + Hospitals provides three years of high-quality training in evidence-based practice to early career clinicians. In Fiscal 2023, MHSC clinicians served 5,074 individuals at 48 System sites across the five boroughs; a 7.6 percent decrease from Fiscal 2022, which served 5,494 individuals, but still over the target. The program additionally hired 11 new social workers to begin their training with MHSC. A total of 76 percent of service locations included in this program are located in federally designated mental health professional shortage areas, a testament to the System's approach to focus attention on communities with inequitable access to healthcare.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ Unique patients	1,081,156	1,153,089	1,148,019	1,110,039	1,204,174	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	NA	445,672	389,505	413,908	427,337	*	*	NA	Up
★ Uninsured patients served	374,988	378,104	304,174	391,810	219,943	*	*	Down	*
★ eConsults completed	75,999	171,569	322,229	404,406	426,532	↑	↑	Up	Up
Telehealth visits	NA	289,238	1,008,900	684,066	608,204	*	*	NA	*
★ Eligible women receiving a mammogram screening (%)	74.0%	63.5%	70.5%	72.7%	78.3%	80.0%	80.0%	Up	Up
★ HIV patients retained in care (%) (annual)	84.0%	81.6%	85.0%	82.1%	84.5%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment - adult medicine	12.0	13.0	10.3	12.0	12.0	14.0	14.0	Neutral	Down
Calendar days to third next available new appointment - pediatric medicine	6.0	9.0	6.5	12.0	13.0	5.0	5.0	Up	Down
★ NYC Care enrollment	NA	28,151	69,309	113,178	119,234	↑	↑	NA	Up
★ Patients enrolled in care in the 1st trimester of pregnancy	62.0%	62.5%	61.2%	55.0%	54.8%	↑	↑	Down	Up
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	59.96%	56.68%	44.59%	48.08%	54.00%	↑	↑	Down	Up
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	95%	94%	91%	87%	85%	90%	90%	Down	Up
Total correctional health clinical encounters per 100 average daily population	8,027	15,675	14,999	12,170	12,020	*	*	Up	*
Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians	NA	2,749	5,874	5,494	5,074	4,950	4,950	NA	*
★ Critical Indicator	● Equity Indicator	“NA” Not Available	↑↓ Directional Target	* None					

Goal 1b Enhance the sustainability of the Health + Hospitals system.

Net days of revenue for accounts receivable (AR) decreased from Fiscal 2022 to Fiscal 2023, which is the desired direction. The net days of revenue for AR in Fiscal 2022 was 49.7 days and decreased to 46.4 days in Fiscal 2023. The current trend is moving towards the System’s target of 42 days. The ongoing improvement can be attributed to targeted efforts to clear the AR more efficiently, which includes reducing claim edits and denials.

MetroPlus membership continues to grow with the continuing efforts of MetroPlus to improve benefits and quality ratings. These efforts have led to a 67 percent increase in membership since 2013. In the last year, membership increased 10.3 percent, from 648,369 individuals in Fiscal 2022 to 715,343 individuals in Fiscal 2023. This increase in MetroPlus membership is a result of the ongoing commitment to identify and connect Medicaid eligible people to MetroPlus and encourage them to obtain this necessary coverage. Higher enrollment helps raise patient service revenue and also provides more people with consistent access to health care services. The MetroPlus percent spending at the System for medical expenses increased from 42.4 percent in Fiscal 2022 to 43.3 percent in Fiscal 2023. MetroPlus continues to spend more at the System as their analytical unit continues to investigate gaps in care which encourage patients to seek care outside of the System.

Overall, emergency room (ED) utilization has continued to substantially increase, above pre-pandemic levels. However, the percentage of patients who left EDs without being seen decreased from 5.23 percent in Fiscal 2022 to 5.0 percent in Fiscal 2023. This is the desired direction, as the System aims to ensure that each patient who enters the emergency department is seen and taken care of. This is a result of a variety of improvement efforts, including operational changes to improve throughout especially during particularly busy times, and focusing on decreasing boarding for patients that are admitted for inpatient services. The System is also exploring additional efforts to lower the number of patients visiting the EDs through telemedicine alternatives.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	7.2%	6.9%	3.5%	5.2%	5.0%	4.0%	4.0%	Down	Down
★ Net days of revenue for accounts receivable	42.3	71.3	59.9	49.7	46.4	42.0	42.0	Neutral	Down
Patient care revenue/expenses (%)	60.8%	61.6%	74.0%	74.8%	73.8%	60.0%	60.0%	Up	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.9%	39.9%	39.3%	42.4%	43.3%	↑	↑	Neutral	Up
★ MetroPlus membership	518,681	560,212	620,041	648,369	715,343	↑	↑	Up	Up
Percentage of uninsured patients enrolled in insurance or financial assistance	NA	NA	70%	88%	79%	*	*	NA	Up

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

Goal 1c Maximize quality of care and patient satisfaction.

The System continued to emphasize quality of care and patient experience in Fiscal 2023. MyChart is used by patients to connect to and communicate with their care teams, as well as to obtain refills and important real-time test results, including COVID-19 test results. In Fiscal 2023, MyChart activations decreased from 69.0 percent to 53.5 percent, which is still around the national average for medical record software application systems. This is likely due to decline in users utilizing NYC H+H for COVID testing and vaccinations, which had helped support MyChart uptake. Steps have been taken to improve patient experience with My Chart in Fiscal 2023 through steps like enhancing use of top languages (10 total languages), the implementation of FastPass (a service that notifies patients when an earlier appointment is made available), and the introduction of Care Companion, a service that assists patients through an interactive, personalized plan of care delivered virtually.

Outpatient satisfaction scores, as reported by patients on a scale of 1–10 has increased from a rate of 85.2 percent in Fiscal 2022 to 85.4 percent in Fiscal 2023. The Fiscal 2023 score is very close to the System’s target of 85.4 percent, but the closing gap suggests a steady, incremental improvement that has been sustained over several years. Possible reasons for the increase over time could be the targeted improvement work through special projects led by the System’s Accountable Care Organization, which focuses on enhancing primary care experience, and the work of enhancing the quality of provider-patient communication at Gotham Health Centers. Inpatient satisfaction scores, as reported by patients on a scale of 1–10, have decreased from 62.9 percent in Fiscal 2022 to 61.7 percent in Fiscal 2023, in line with steady declines in industry-wide inpatient experience performance during the same period. Despite a declining trend, the Fiscal 2023 score is greater than the target of 61.61 percent. Inpatient satisfaction scores showed a steady incline in the last two quarters of FY23, signaling improvements.

The post-acute care satisfaction rate, which captures the likelihood of recommending nursing facilities, has increased from 80.9 percent in Fiscal 2022 to 83.9 percent in Fiscal 2023. The Fiscal 2023 score is higher than the set target of 83.7 percent. This increase indicates a gradual and sustained upward trend in performance in our post-acute care work. With loosened state and federal required restrictions on visitation and precautions that had been in place due to COVID-19, the overall resident experience has continued to improve due to higher quality in-person interactions between residents, their loved ones, and their care teams.

The percentage of patients diagnosed with diabetes who have controlled blood sugar increased from 65.3 percent in Fiscal 2022 to 68.9 percent in Fiscal 2023. Many efforts across the System have contributed to these improvements, including record high rates of patients getting their labs done in a timely manner, introduction of clinical pharmacists in primary care,

continued expansion and optimization of the Treat to Target nurse-led hypertension and diabetes management program, and targeted outreach for patients with uncontrolled diabetes who do not have follow-up appointments scheduled. These and other programs have contributed to record high numbers of patients with diabetes engaged in primary care and continued improvements in control rates.

The System maintains multiple institutional mechanisms to promote community outreach and collection of input. One of the primary mechanisms is its Community Advisory Boards (CABs). CABs are all made up of volunteer advocates representing 21 of the System’s facilities serving the City. The CAB members are aware and concerned about crucial health care issues and carrying out the mission and values of the System. The 21 CABs had 190 meetings in Fiscal 2023. There is also a Council of Community Advisory Boards composed of the 21 Chairpersons of each facility’s CAB. The Council is a collective body for health advocacy and is responsible for ensuring the individual CABs Boards receive relevant information from the system and expressing the concerns and interests of the respective CABs. The Council of Community Advisory Boards had 10 meetings in Fiscal 2023.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Inpatient satisfaction rate (%)	61.1%	63.0%	65.7%	62.9%	61.7%	65.8%	65.8%	Neutral	Up
Outpatient satisfaction rate (%)	82.0%	83.6%	84.5%	85.2%	85.4%	85.4%	85.4%	Neutral	Up
MyChart Activations (%)	NA	20.0%	69.0%	69.0%	53.5%	50.0%	50.0%	NA	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	64.6%	64.6%	63.7%	65.3%	68.8%	↑	↑	Neutral	Up
★ Post-acute care satisfaction rate (%)	80.7%	86.7%	81.9%	80.9%	84.0%	86.3%	86.3%	Neutral	Up
Overall safety grade - acute care	NA	64.0%	NA	69.0%	NA	*	*	NA	Up
Overall safety grade - post-acute care (%)	NA	70.0%	NA	64.0%	NA	*	*	NA	Up
Overall safety grade - ambulatory care (D & TC)(%)	NA	42.0%	NA	48.0%	NA	*	*	NA	Up
Total System Council of Community Advisory Board meetings held over the year	NA	NA	NA	10	10	*	*	NA	*
Total facility-specific Community Advisory Board meetings held over the year	NA	NA	NA	190	190	*	*	NA	*

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Payout (\$000)	NA	NA	NA	NA	\$1,285	*	*	NA	Down

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	
Expenditures (\$000,000) ³	\$8,222.1	\$8,581.6	\$11,134.0	\$12,742.1	\$10,878.7	\$9,822.1	\$10,406.7	Up
Revenues (\$000,000)	\$8,999.3	\$9,373.0	\$11,920.6	\$13,474.5	\$11,587.9	\$10,572.8	\$10,932.2	Up
Personnel	37,711	39,765	40,062	38,497	39,738	37,272	37,272	Neutral
Overtime paid (\$000,000)	\$178.1	\$153.6	\$192.3	\$192.3	\$215.3	\$171.2	\$165.8	Up
Capital commitments (\$000,000)	\$459.4	\$531.9	\$369.6	\$543.7	\$395.6	\$839.2	\$478.4	Neutral

¹Actual financial amounts for the current fiscal year are not yet final. Final fiscal year actuals, from the Comptroller’s Comprehensive Annual Financial Report, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ²Authorized Budget Level ³Expenditures include all funds "NA" - Not Available
* None

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY22 ² (\$000,000)	Modified Budget FY23 ³ (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$2,269.6	\$1,992.9	All

¹These figures are limited to the City's contribution and planned contribution respectively. ²Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2022. Includes all funds. ³City of New York Adopted Budget for Fiscal 2023, as of June 2023. ⁴Refer to goals listed at front of chapter "NA" Not Available *None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The methodology for 'Uninsured patients served' previously included all patients with at least one uninsured encounter over the course of the fiscal year, including insured patients who received non-billable services. This artificially inflated the number reported. Beginning in Fiscal 2023, this metric has been updated to exclude insured patients who received non-billable services. Additionally, in Fiscal 2021 this metric also excluded some patients who received only COVID-19 testing or vaccination services. During the initial COVID-19 surge especially, these services posed a particular challenge for insurance capture and generally skew numbers due to scale. While the current volume is much reduced, these services will continue to be excluded from the metric going forward. Due to the different methodologies used in Fiscal 2021 and 2023, the reported number of uninsured patients served is not comparable across fiscal years.
- The downward directional target was removed for 'Uninsured patients served' as the System seeks to service all patients regardless of their insurance status.
- Removed 'Insurance applications submitted by Health + Hospitals staff' as it was effectively replaced with a more expansive performance indicator, 'Percentage of uninsured patients enrolled in insurance or financial assistance' which better records the efforts of staff, and which was introduced in the Fiscal 23 Preliminary Mayor's Management Report.
- Removed 'Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)' as it was sourced by New York State Department of Health, which has stopped tracking and reporting this information with no plans or timetable to resume.
- The overall safety grade measures for acute care, post-acute care, and ambulatory care are measured every two years and will be present in the Fiscal 2024 Mayor's Management Report.
- 'Payout (\$000),' the amount paid out in judgments and claims against an agency, was added to the 'Agency-wide Management' table.

ADDITIONAL RESOURCES

For more information on NYC Care, please visit: www.nyccare.nyc

For more information on the agency, please visit: <https://www.nychealthandhospitals.org/>